

American Legion Post 323

Scholarship Application

Applicant: _____ **Birth Date** _____
 First Last Name MI

Home Address:

 Street City State Zip Code

Home Phone Number: _____ **Email Address:** _____

Parents/Guardians Names: _____

Siblings:	Age _____	Living at Home? (Y/N) _____	In College? (Y/N) _____
	Age _____	Living at Home? (Y/N) _____	In College? (Y/N) _____
	Age _____	Living at Home? (Y/N) _____	In College? (Y/N) _____
	Age _____	Living at Home? (Y/N) _____	In College? (Y/N) _____
	Age _____	Living at Home? (Y/N) _____	In College? (Y/N) _____

Financial Need: Family Gross Income, information provided on your parent(s) tax return(s)
*You must furnish FAFSA information upon request.

____ under \$20,000 ____ \$20,000 to \$60,000 ____ \$60,000 to \$100,000 ____ over \$100,000

Please explain your personal financial need, by indicating the percentage of financial responsibility you have for your college education: You: _____% Parents: _____%

Name of colleges / universities you are considering attending. If you are undecided, please indicate the type of college / university you are considering:

Your intended major and future career goals:

Name the extra curricular activities in which you have participated in & the number of years you were an active member:

Community Service/School or Church Organizations/Volunteer Activities:

Honors and Special Recognition and Awards:

Your Greatest Accomplishment & Why:

Your Employment History:

<u>Employer</u>	<u>Dates Employed</u>	<u>Reason for Leaving that Job</u>

How much have you saved for your college education? _____

Are there any extenuating circumstances, which you would like to share with the scholarship committee?

**THIS SECTION MUST BE COMPLETED BY YOUR COLLEGE & CAREER COUNSELOR
OR PARENT (when home schooled)**

Grade Point Average after 7 semesters: _____ Weighted GPA: _____ Credits Earned: _____

Best ACT Composite Score: _____ SAT Composite Score: _____

Class Rank: _____ Out of: _____ Graduating Date: _____

Counselor's/Parent's Signature: _____ Date: _____

Phone Number: _____

High School (or Home School) Attending: _____

Relative (parent, grandparent, or great-grandparent) and Name of Relative that is (or, if deceased, was) a member of American Legion Post 323 in Wentzville, MO.

Relationship: _____

Name of Relative: _____

SCHOLARSHIP APPLICATION DUE BY 15 MARCH